

SERIAL NUMBER 09/398,182	FILING DATE 09/17/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. D-1118R2
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APPLICANT
ALAN J ROZLOSNIK, LOUISVILLE, OH; STEVEN R DAVIS, NORTH LAWRENCE, OH;
MARK A DEPIETRO, CANTON, OH.

CONTINUING DOMESTIC DATA****NONE******

VERIFIED
ATN

371 (NAT'L STAGE) DATA****NONE******

VERIFIED
ATN

FOREIGN APPLICATIONS****NONE******

VERIFIED
ATN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met □ yes □ no □ yes □ no □ Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 34	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
Examiner's Initials *ATN* Initials *ATN*

ADDRESS
RALPH E JOCKE
231 SOUTH BROADWAY
MEDINA OH 44256

TITLE
RECEIPT DELIVERY SYSTEM FOR SECURE DEPOSITORY

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9748

SERIAL NUMBER 09/398,182	FILING DATE 09/17/1999 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. D-1118R2
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APPLICANTS

ALAN J ROZLOSNIK, LOUISVILLE, OH;

STEVEN R DAVIS, NORTH LAWRENCE, OH;
MARK A DEPIETRO, CANTON, OH;

** CONTINUING DATA *yes*
 This appln claims benefit of 60/114,036 12/29/1998

** FOREIGN APPLICATIONS *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/07/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	DRAWING 34	CLAIMS 16	CLAIMS 2
Verified and Acknowledged	<i>AT</i> Examiner's Signature <i>AT</i> Initials				

ADDRESS

28995
 RALPH E. JOCKE
 231 SOUTH BROADWAY
 MEDINA, OH
 44256

TITLE

RECEIPT DELIVERY SYSTEM FOR SECURE DEPOSITORY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
RECEIVED 760		